



The Cloak

The VISN 3 Palliative Care E-Newsletter

Department of Veterans
Affairs

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April 2006

Paul Stolz, LMSW receives 2005 VISN Palliative Care Outstanding Individual Award

During the VISN Palliative Care Quarterly Meeting on September 20, 2005, Paul Stolz, LMSW, Hudson Valley VA PCCT Social Worker, was presented with the 2005 Outstanding Individual Award. He was recognized by the VISN for his outstanding leadership with the local Hospice Veteran Partnership in the Hudson Valley region. His work has increased the awareness by all the Palliative Care Team members to engage

in ongoing dialogue with the hospice partners, to ensure an ongoing seamless transition of care for our veterans needing end of life care in the community. He was able to demonstrate, that as a member of the VISN Palliative Care Initiative, he can make a difference by building the Hospice Veteran Partnership on a local level.

VISN 3 recognizes Paul Stolz for "your exemplary



contribution and commitment to the VISN Palliative Care Program."

VISN 3 Update

Submitted by Therese Cortez, NP and Carol Luhrs, MD

From our last Cloak update in January 2006, our VISN Palliative Care Program continues to grow in key aspects of program development: ongoing quality improvement, staff education/ mentorship, and partnership with the hospice community on both a state and local level.

The ongoing VISN 3 After Death Bereaved Family Member Interview continues to provide us valuable information about the end of life care we are providing to the veterans and their families. During March to April, we are conducting our ongoing VISN feedback meetings with the individual teams to review site-specific After

Death Survey results from FY 2005 and 1st Quarter 2006, PCCT activities, compliance with the documentation of the Palliative Care Consult symptom assessment, Psychosocial, and Spiritual Assessments, review of the site Performance Improvement plan, and other identified projects at each site. We continue to look forward to these feedback meetings with the teams and ensure the program development and growth at each of the sites.

This year, the local HVPs take the partnership to a new level with the planning of collaborative events to promote education to staff about end of life care. The Long Island

HVP hosted a one-day modified EPEC program to enhance the knowledge of hospice and VA staff on end of life care for veterans on March 23, 2006. Over 60 participants from both VA and the community attended the program. Speakers from both the VA and the community spoke about the Philosophy of Hospice and Palliative Care, Bereavement and Complicated Mourning in Adults, Spirituality at the End of Life, Nutrition and Hydration, Support for the Caregiver, and Pharmacologic Issues at the End of Life.

Modeling this best practice to collaborate with our community partners on an
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HOT OFF THE PRESS — VISN3 just learned that it has received the Circle of Life Citation of Honor Award! Full coverage in the June Issue.

Calendar of Upcoming Events

- April 25, East Orange and Lyons Campuses Team Training
- May 18, 12:00 -1:00 pm, VISN Noon Case Conference
- June 19, 8:00 am - 4:00pm, NY Harbor HVP EPEC Program
- June 20, 8:30 am - 2:00 pm, VISN Palliative Care Quarterly Meeting
- July 20, 12:00 -1:00pm, VISN Noon Case Conference
- September 19, 8:30 am — 2:00 pm, VISN Palliative Care Quarterly Meeting



James J. Peters VA Medical Center

An extension of the inpatient Bronx VA Palliative Care Consultation team is the Bronx outpatient Palliative Care Clinic. Formally developed in 2004, the Bronx Palliative Care Clinic enhances the continuity of care across care settings for patients with life-limiting, advanced illness. The goals of the Outpatient Palliative Care clinic are to provide effective symptom management, assist with care planning, goals of care, emotional support for patients and caregivers, and strengthen ties with community hospice programs for patients co-managed by the VA and hospice.



VA New York Harbor Healthcare System: New York Campus

The New York VA Palliative Care Team provides interdisciplinary consultative services to the acute care patients in the New York Campus. Incorporated into the New York VA Palliative Care program is the Doula Volunteer Program. The Doula Volunteer, from Jewish Board of Family and Children's Services and the Department of Social Services of NYU Medical Center, is someone trained to provide com-

panionship and comfort to the dying. Patients who have been identified by the Palliative Care Team as isolated and without family support greatly benefit from the supportive presence of the Doula volunteer. The emotional, spiritual and social support and advocacy have meant a great deal to those veterans receiving it. They often come in during the evenings and weekends. At times the volunteers have

followed the patients as they have gone home or to other venues of care. The Doula Program been a great extension of the NY VA Palliative Care Program, as the supportive needs of the imminently dying are addressed.



VA New York Harbor Healthcare System: Brooklyn Campus

Brooklyn VA Medical Center implemented the PCAD (Palliative Care for Advanced Disease Pathway) in June 2002 for the acute care Oncology/Palliative Care Unit. Initially developed in Beth Israel Medical Center, NY, PCAD was

re-adapted for VA utilization. Since the implementation of PCAD, the staff have improved in their ability to identify dying patients and to provide comprehensive interdisciplinary management of these patients and their families. (*Details of the*

PCAD Clinical Pathway are discussed in the 2005 Journal of Pain and Symptom Management "Pilot of a Pathway to Improve the Care of Imminently Dying Oncology Inpatients in a Veterans Affairs Medical Center" JPSM 2005;29:544-551.)

Northport VAMC- Celebration of Life with Butterflies, Light and Music

The oldest Palliative Care Unit in VISN 3, Northport VA Medical Center opened the Palliative Care Unit in 1985. One of the innovative programs taking place in Northport is the Butterfly Program. Implemented in May 2005, a ritual commemorating the life of the veteran takes place immediately after his/ her death.

When a resident passes away, the Northport Palliative Care Unit staff will commemorate his/her life with a vigil of butterflies, light, and music. A red lan-

tern at the nurse's station symbolizes that a resident has passed away. A lantern placed outside of the patient's door identifies the resident's room. (1) Place the red lantern at the nurses' station and turn it on. (2) Place the second lantern outside the door of the resident's room. (3) Place magnetic butterflies around the door frame. (4) Load the favorite music into the CD player and turn it on.

Families, staff, and other residents can now pay

their respect to the departed veteran. As the patient's body is wheeled from the unit (accompanied by two staff members) the stretcher is draped with the red, white, and blue bunting, which is removed from the stretcher as it enters the elevator. After the resident's body is removed from the unit the lantern may be turned off. The lanterns are left in place as a reminder that someone recently passed away.

The Butterfly Program

allows remembrance of the veteran by the family, staff and fellow residents. Through the symbolic nature of butterfly, music, and lights, the veteran's life is commemorated and his/ her legacy continues to live.



What Do We Remember on Memorial Day?

By Rabbi Doniel Z. Kramer, PhD

This issue of *The Cloak* is due to arrive before Memorial Day, and memorialization is especially poignant for those involved in palliative and hospice care.

There is an interesting contrast between Memorial Day observances here in the US--and in Israel, both of which are observed during the month of May.

In Israel, where war and terrorism is so fresh in everyone's mind, Memorial Day is observed as it once was in the US—with solemn remembrances of those who have paid the ultimate sacrifice on behalf of their country. Originally, in the US, it was a time to respectfully DECORATE the graves of veterans and comrades. Unfortunately, today—our Memorial Day is often marked by sales, picnics

and sports.

Interestingly, our Independence Day—July 4—is not marked much differently. Stores may be closed, but it still is a time for picnics and sports—with perhaps a flag flying in the breeze.

I like the juxtaposition of these holidays in Israel much more. There—Memorial Day is not only a solemn day for grave visitations, but it is immediately followed by the Israeli Independence Day. Since the Hebrew day begins and ends at sunset, the solemnity of the 24-hour Memorial Day transforms at sunset into the boisterous, joyous and thankful celebration of Independence Day.

There is an inherent lesson in the Israeli experience. While it allows for appropriate memorialization—it also realizes that these sacrifices were not in vain: that there is independ-

ence, liberty and freedom that we enjoy because of the ultimate sacrifices that were made by others. The celebration of the Israeli Independence Day is not only immediately preceded—but it is premised upon—the acknowledgment of the sacrifices that brought about their freedom.

This is how we should be reflecting upon the lives of our veterans—to whom we rightfully have offered our most heartfelt care during their last months, weeks and days. With their families—we mourn their passing; but hopefully, also with their families, we realize that we have much to celebrate about their lives and presence.

Mourn—we must—when that sad time of death arrives; but let us also remember the wonderful, life-giving experiences that marked their lives—and be

thankful for those cherished and uplifting memories.

May the memories of our departed truly be for a blessing--Amen!

VISN 3 Update

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interagency educational program, the NY Harbor HVP is also planning a one-day modified EPEC program on June 19, 2006. Featured speakers include Kathy McMahon, Deborah Grassman from Bay Pines VAMC, Bruce Jennings from the Hastings Center, and other members of the hospice community. We look forward to similar local HVP EPEC programs taking place at the other sites in the VISN.

We once again thank you, the PCCT members, for your commitment and dedication to our VISN Palliative Care Program and to the high quality end of life care that you deliver to our veterans and their families.



The Carol Selinske Founders Award goes to VISN 2 & 3 HVP Partnership

Recognized as the highest award given by HPCANYS, the Carol Selinske Founders Award was presented to Carol Luhrs, Therese Cortez, and Joe Striano on behalf of the VISN 2 and 3 Hospice Veteran Partnership's efforts of advancing hospice and palliative care in New York State. An awards luncheon took place on March 31, 2006 at the HPCANYS Annual Meeting.

It was an exciting day for all the PCCT members who attended. This award is a recognition of all the work you have contributed toward the development and growth of the hospice veteran partnership.





A Social Work Intern's Perspective

By Devora Hoschander

This past year I have had the privilege of working as a social work intern in the Oncology and Palliative Care Programs at the Brooklyn VA. Being a part of these interdisciplinary teams, especially the palliative care team, has been an invaluable opportunity. Through my participation in palliative care rounds and palliative care consults I was able to observe and learn from colleagues from many different disciplines, including doctors and fellows, nurses and nurse practitioners, psychologists, social workers and chaplaincy. Dedicated to alleviating physical, psychological and emotional pain, the Palliative Care team exudes a potent blend of confidence, competence and compassion.

Interns are funny creatures, neither employees nor volunteers, both workers and students; there is great potential for an intern to feel lost, overwhelmed, and intimidated, particularly in a setting as clinically and emotionally challenging as a hospital oncology/palliative care department. While the professional expertise of the palliative care team won my respect, the personal character and attitude of the team members secured my admiration and esteem. It was clear from the beginning of my internship year that my educational experience would be a top priority not

only of my immediate supervisor but for the entire team. My comments were welcomed and carefully considered. My questions were answered with a thoroughness and enthusiasm that speaks strongly to the quality of the team members. In addition, I observed again and again, the support and encouragement the team members gave to each other in dealing with such a challenging population. The weekly team meetings are an opportunity for workers not only to review cases but to both vent their frustrations and share their successes.

As an intern in both programs, I saw patients



on all levels of the care continuum, and was able to witness the continuity of care that patients received. The end stages of illness can be frightening and overwhelming for patients and their families; the palliative care team ensures the smooth transition from active treatment to comfort care, providing the patient with an individualized treatment plan shaped and

adjusted to meet his or her needs. In situations where there is often the need to make difficult decisions and face difficult truths, the support and care the Palliative Team provides is invaluable.

One patient that comes to mind when considering the valuable work of the Palliative care department is Mr. V. I first met 86 year old Mr. V towards the end of September of 2005 when I was brand new to the VA. Mr. V was at that time newly diagnosed with large B cell gastric lymphoma and was just beginning to receive radiation treatment. My first impression of Mr. V was of a true gentleman, and my subsequent meetings with him only furthered this notion. Mr. V was well dressed, soft-spoken, and unfailingly polite. At first a bit quiet and reserved, establishing a therapeutic alliance with Mr. V was slow but rewarding work. Over the next few months, through service referrals and frequent casual meetings, I got to know him.

Mr. V lived alone in a trendy neighborhood in Brooklyn, and treasured his independent and self-sufficient lifestyle. Mr. V's social supports were unconventional, but strong. Mr. V was divorced and had an estranged relationship with his four children, all of

whom lived out of state. Despite his scanty traditional family support, Mr. V was able to form a new family for himself comprised of neighbors, friends from his local community center, and movie-going buddies. Mr. V's ability to keep busy and be surrounded by the network of friends he created was a considerable strength. In addition, Mr. V had a dry, wickedly funny sense of humor, a significant coping mechanism that gave him a venue through which to talk about and observe the

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By Devora Hoschander

progression of his illness; Mr. V would often joke about his weight loss and his radiation treatment, which he referred to as "getting zapped."

As Mr. V's illness progressed he struggled with weight loss, nausea and weakness. He no longer felt up to going to the movies or having friends over for drinks, and his social circle shrank. True to his independent nature, Mr. V insisted throughout that he did not want homecare. On his last admission, Mr. V came to the ER due to severe gastrointestinal bleeding. When I came to see Mr. V shortly after his admission the change in his mindset was significant. When he saw me, Mr. V burst into tears. Weakly he

sobbed that all he wanted to do was to die. As a man who had always been very independent, it was clear that Mr. B found his lack of control- "I don't want to live like this! I'm so weak I can't even sit up!"- terrifying.

As an observer and participant in Mr. V's journey from diagnosis to death, I know that Mr. V's case will stay with me for a long time as a difficult but valuable learning experience. Working in end of life care can be a painful and challenging; I feel fortunate to have had the opportunity to work with an exemplary palliative care team during these formative years of my professional life. This upcoming May I will be graduating, a newly minted social worker with a passion and vocation for oncology and palliative

care social work and a deep sense of respect and admiration for the valuable work done here at the VA. Without a doubt, my internship as part of the oncology and palliative care teams will have a lasting impact on my future career.

Congratulations!

Louisa Daratsos, LCSW for receiving a prestigious American Cancer Society Dissertation Award. Louisa will focus her research on end-of-life care for veterans.

Carol Luhrs, MD on becoming a Fellow of the American Academy of Hospice and Palliative Medicine. This award was presented at the AAHPM Annual Meeting on February 10, 2006.

Editor's Note

As this edition of *The Cloak* attests to, the VISN 3 Palliative Care Initiative continues its extraordinary work in providing optimal care for those veterans facing life-limiting illness. Having been part of the initiative from the outset, I am always struck by the innovation, energy, and commitment of all of the VISN palliative care team members.

I am pleased to be able to play a role in my capacity as GRECC Associate Director/ Education in "getting the word out" about what the VISN is accomplishing in palliative and end of life care. We disseminate this e-newsletter quite widely, including on the GRECC website through *The Cloak* (www.nygrecc.org) and through VA websites. If you would like to forward *The Cloak* to any of the listserves that you are on, please feel free to do that. Just drop Valerie Menocal an email (Valerie.menocal@med.va.gov) so we can "track" our impact. And if you have any other suggestions for *The Cloak* please let us know. For instance, the Chaplains have initiated a regular column beginning in this issue called "Words of Healing". We like this kind of proactivity, and as always, submissions and updates are welcome and published as space permits.

Judy Howe

